

PERSPECTIVES

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Office of Communications & Consumer Affairs

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Housing Therapy is a Marvelous Thing!

By Maureen Skehan

As you walk into the lobby of Justice Resource Institute's (JRI) Housing Options Program (HOP) in downtown Boston, there is a heartwarming poster on the wall with photographs of people's comfortable homes that says, "Housing is Healthcare." There are also candid photographs of HOP clients in their own homes and the communities in which they live.

This motto linking housing and healthcare captures the essence of the HOP Program, which began in 1995. HOP represents a unique collaboration between several Massachusetts state agencies and service providers including the Department of Mental Health, the Department of Community and Housing Development, the Department of Public Health AIDS and Substance Abuse bureaus, Massachusetts Rehabilitation Commission, the Department of Mental Retardation and HomeStart, Inc.

In this issue...

This issue features articles on housing. Increasing safe, affordable housing is a goal of Governor Deval Patrick's administration. Commissioner Barbara Leadholm is committed to quality, affordable housing for consumers. It is vital to recovery. The Department of Mental Health works diligently to protect and expand housing resources for mental health clients.

*Steve Holochuck
Editor and Director of
Consumer Affairs*

The original concept of HOP was to bring together the largest state healthcare agencies to work together—in a spirit of genuine collaboration and partnership to help provide independent, scattered site housing to low-income, disabled individuals living in transitional housing programs, in shelters and on the streets.

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Recovery and Resiliency Through Partnership

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This unique collaboration leveraged a special set-aside of Section 8 housing subsidies for people with disabilities from the Federal government.

Thirteen years later, the HOP program has successfully provided affordable housing and ongoing supportive services to several hundred people living in the Metro Boston region who have experienced homelessness and are living with various disabilities such as mental illness, head injuries, HIV disease, addictions and developmental disabilities.

"More than anything, my relationship with JRI has taught me that, 'leaning is so much better than falling!'" So says Maureen Glynn who moved into her first apartment through HOP in 1998. This is her story:

After many failed attempts at living independently and stubbornly rejecting the role of medication in my life, I finally started to accept something I'd been in denial about and had a hard time coming to terms with, namely my bipolar illness.

I never believed I could live alone. My HOP worker assured me it was possible and proceeded to give me hope, by not shaming me when I told him about the many, many fears I had.

After a long search, I finally got an apartment and my relationship with my HOP advocate was key to sorting out my new responsibilities and negotiating my place in the world. I felt I could be honest and not be judged or penalized for my honesty. When I got very sick with mania, which is a part of bipolar that can be very scary, unlike other people, he treated me with kindness and didn't hold it against me later on.



Bobby Quinn, shown here at the Housing Options Program office, believes the support he receives from the HOP staff is critical to his recovery.

Today I have a HOP advocate, a good therapist and an understanding psychiatrist. I sometimes wonder how I deserve so much when others have so little.

Bobby Quinn, another HOP client, says, "When someone is having a heart attack and clutches their chest, strangers will

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DMH works to meet Consumer Housing Needs

By Steve Holochuck

Usually living on a small Social Security check, many DMH clients are challenged in their efforts to find and keep affordable housing. *Priced Out*, a report on housing crisis for people with disabilities, reports that in 2006, a studio apartment in Massachusetts costs over 25 percent more than a **total** Supplemental Security Income (SSI) check. A one bedroom apartment costs 37 percent more than the **total** SSI check. You can see the full report at www.tacinc.org.

DMH, in partnership with federal, state and local housing-related agencies works to provide subsidized housing arrangements for more and more of its clients to support the goal of safe, affordable housing for people with serious mental illnesses. Many DMH clients require individualized and diverse kinds of support in order to obtain and successfully maintain housing, as well as thrive in their homes. This is crucial to recovery. Supported housing is a nationally recognized model of providing flexible supports to promote success and recovery. This type of support can vary over time depending of the type and degree of the client's needs.

With the downsizing or closing of state hospitals in the 1980s and early 1990s, DMH initially developed the group home



model to provide housing for clients transitioning to the community. Over time, as the result of consumer preference surveys and other consumer feedback, leaders in the field and within DMH realized that most clients preferred to live alone in an individual apartment. DMH began to work with its partners to successfully develop more of this type of preferred housing. Individual units provide a basis for a more normal life and community integration. The availability of new state and federal housing resources to support this approach is also an important component of development of DMH housing support services.

DMH housing staff has also helped develop innovative interagency tenancy preservation projects. These projects work to successfully prevent evictions

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Center Club's 49th Open House a Success

By Pamela Mason

Center Club Clubhouse in Boston recently held its annual Open House and recognized a number of individuals and groups with Member Awards and Center Club's annual Public Service Award. Most of the Member Awards have been named in memory of individuals who have made a longstanding contribution to Center Club.

Ceremonies opened with remarks by member Haidi Callinicos; Bob Schueler and Bill Sprague of Bay Cove Human Services; and Mary Gregorio, Center Club's Executive Director.

The 2008 Member Awards include Member of the Year Award, the Seth Pope Employment Award, the Natalie Somerville Education Award, the Steve Woods Diversity Award and the annual Public Service Award.

The Member of the Year Award was presented to Redzo Sakanovic, a native of Bosnia. Mr. Sakanovic has made a significant contribution to the daily operation of Center Club. He works in the Club's food service unit and the social activities unit and is quite the cook. The Club's ESL tutor has been working with him on his English language skills, and he is improving daily.

The Seth Pope Award is given in honor of



Mary Gregorio, executive director of Center Club in Boston, honors the Club's annual leadership award winners at their recent open house.

a veteran staff member who was devoted to assisting members in returning to competitive employment. Sabrina Davis was this year's recipient. She is a member who began with a transitional employment position and now works as fulltime receptionist for the Executive Office of Health and Human Services.

The Natalie Somerville Education Award was also presented to Sabrina Davis for

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often rush to help. When someone is having say, a psychotic episode, people do not rush to help. People are often afraid to approach at all when mental symptoms show up. Something as simple as making contact with the landlord and making sure that the rent and utilities are paid if we become sick and need to go to the hospital, is one of the ways the HOP/JRI support actually makes a big difference."

Through individualized direct service and/or collaboration with other service providers, HOP provides rental subsidies, housing search, ongoing case management and stabilization services.

Maureen Skehan is the Director of the Housing Options Program at JRI Health.



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by providing mediators and other supportive resources. This approach was first piloted in Western Massachusetts where it was able to prevent evictions of up to 85 percent of people with serious mental illnesses who use these services.

Each of the six DMH Area Offices has a housing coordinators who can provide information and referrals regarding housing needs for DMH clients.



Mass Access website gives consumers affordable housing database

A redesigned housing website, called Mass Access, was launched recently by Gov. Patrick to help bridge the gap between residents in need of affordable, accessible housing and available apartments across the state.

The new site is

www.massaccesshousingregistry.org

The site features a user-friendly design and an expanded database of affordable rental housing in Massachusetts, including accessible and adaptable homes for people with disabilities.

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Charles Carr, Commissioner of the Massachusetts Rehabilitation Commission said that the state-of-the-art website will make searching for affordable housing easier and more accessible to citizens.

Some of the key features of Mass Access include vacancy and waitlist information for all affordable rental housing in Massachusetts, particularly for people with disabilities, and an automated mapping feature to track the location of available units. Property owners and managers will now be able

to log in to the registry and post available rental units and housing applications. At the same time, consumers will now be able to customize and save their housing searches and sign up for e-mail updates when new units become available.

The Mass Access housing registry is funded by the Massachusetts Rehabilitation Commission and is managed by Citizens' Housing and Planning Association, a nonprofit affordable housing organization. MassHousing, a quasi-public state agency, also contributed funding for the new website.

Homeless Empowerment Project: Consumers Helping Consumers

By Paul Ottenstein

Considered one of the first consumer-run programs in the nation, the Homeless Empowerment Advisory Project (HEAP) sowed its seeds in the spring of 1993 by members of the Ruby Rogers Advocacy and Drop-In Center and individuals who were living in DMH Metro Boston Area homeless shelters.

The goal was ambitious—set up a peer-run program in the DMH shelters similar to the Ruby Rogers Center, based on self-help and peer support. By replicating the success of

the Ruby Rogers Center for homeless DMH clients, the plan was to provide a support group for people when they eventually moved out of the shelter and into the community. HEAP took on this role and now is crucial to homelessness prevention among its members. It also serves as an important support in their transition to living in the community.

For the first couple of years of operation, HEAP meetings were held at the former Parker Street shelter at the Lindeman Center. Parker Street residents were joined by

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individuals from Bay View Inn at Long Island and Parker West in Dorchester. Since 1995 HEAP shares office space with the Transformation Center, a statewide consumer/survivor group that advocates for and operates consumer-run programs in Massachusetts. HEAP's relationship with the Transformation Center has been extremely beneficial. Through this association some of our members have become involved with the Transformation Center and Consumer Quality Initiatives (CQI), which also have offices in the same building.

Some of the activities that HEAP has been involved in include:

- ✦ An annual camping trip at Myles Standish State Park in South Carver
- ✦ Running a smoking cessation program for membership and consumers from other DMH Metro Boston Area programs
- ✦ Advocating for individuals at DMH shelters and homeless programs
- ✦ Organizing community activities such as movie trips, barbecues, trips to museums
- ✦ Supporting membership to present at and attend both local and national conferences

Providing monthly stipends to HEAP members similar to the stipend program at the Ruby Rogers Center

This year, HEAP will continue its support to mental health consumers that are homeless or formerly homeless and now living in the community. Our upcoming plans include a 10-week Wellness Recovery Action Plan (WRAP)



group at the West End program in the winter of 2009. The goal of WRAP is to help individuals take control of their own recovery by supporting people to develop an individualized plan to lead more independent lives.

Some of HEAP members are also involved with The Ruby Rogers Advocacy & Drop-In Center in Somerville. Both HEAP and Ruby Rogers Center members have been or are now homeless, creating a common bond between the two programs. In 2009 HEAP will foster its close relationship with the Ruby Rogers Center with joint activity planning and encouraging members to participate in each other's activities.

HEAP meets at 98 Magazine St. in Roxbury. For more information about HEAP, call 617-427-1160.

Paul Ottenstein is Coordinator of HEAP and a Consumer Advocate at the Arlington Site Office.

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making a commitment to furthering her education by taking a variety of classes from public speaking at the Boston Center for Adult Education to college writing at Bunker Hill Community College.

The Steve Woods Diversity Award was presented to Brenda Scully. The award recognizes a member who has, in a special way, made other members feel welcome at Center Club. Ms. Scully is interested in computers, has taken classes in this area and now tutors fellow members who want to increase their computer skills.

The 2008 Public Service Award was presented to The Executive Office of Elder Affairs (EOEA) and two supervisors, Annette Peele and Erin Kelly, recognizing the relationship between EOEA and Center Club in a collaborative effort to employ Club members. This collaboration began seven years ago through the efforts of Jeff McCue, director of the Executive Office of Health and Human Services human resource division, and has been a very positive experience for all involved.



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Consumer Stories Crucial to Informed Consent Policy

By Kara Goldrick

Consumer Quality Initiatives (CQI) and The Transformation Center recently held a seminar on informed consent policy entitled "Our Stories and Policies: Informed Consent & Shared Decision-making." Attendees discussed the current Right to Informed Consent for Mental Health Treatment, a policy developed in 1996, and the ways in which current policy works and doesn't work. It was an opportunity for consumers to share their stories relative to the policy.

"Informed consent" is a legal concept adopted as a statewide policy in 1996 based on an agreement between DMH and M-POWER. The cornerstone of the policy states: "The Authorized Prescribing Clinician owes to the client the duty to disclose, in a reasonable manner, all significant information that [he/she] possesses or reasonably should possess that is material to an informed decision by the client as to whether or not to undergo a proposed treatment." (DMH Policy 96-3r as quoted in CQI "Issues Brief: Informed Consent.")

According to the current policy, steps taken for informed consent are:

- ✓ Determine competence - based on the ability to understand the nature of the illness and proposed treatments
- ✓ Make a diagnosis - inform the person what they are being treated for and describe it
- ✓ Explain proposed treatment - what is the treatment being suggested

- ✓ Explain alternatives - what else can be done other than the proposed treatment
- ✓ Provide information - in writing about the proposed treatment's benefits, side effects and risks
- ✓ Explain treatment rights - the right to refuse, consent, or withdraw consent

There are three types of treatment. Paternalistic - the doctor knows best and you do what the doctor decides; by-the-book informed con-



sent - the doctor shares the required info, you decide on your own; shared decision-making - consumer and doctor talk about our expertise, responsibilities and decisions for the best result.

Significantly, all participants in the workshop had experienced paternalistic care at one point or another. I had this experience in col-

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Judi Chamberlin honored at Recovery Conference

By Pamela Mason

The Recovery in Action Conference, held at the Arlington Town Hall in October, was an outstanding success. Consumers from the Metro Suburban area came together to honor Judi Chamberlin for her pioneering work and to hear from keynote speaker Shery Mead, author of "Peer Support: An Alternative Approach."

Opening remarks were given by Kerry Fallon of the Arlington Rehabilitation Commission, Michael Kerins of the Metro Suburban Recovery Learning Community and Ted Kirousis, DMH Metro Suburban Area Director. Kirousis assured the audience that DMH was firmly behind consumers in their experience of living and recovery through self-determination, a basic tenet of the consumer/survivor movement. He also paid tribute to Judi Chamberlin as someone who inspired him early in his career. He also cited Shery Mead as a champion of peer support and social change.

Steve Holochuck, DMH Director of Consumer Affairs, introduced Chamberlin and presented her with a Lifetime Achievement Award on behalf of the consumer/survivor/ex-patient movement. Steve described Judi's groundbreaking 1978 work, "On Our Own," as pivotal in the history of the movement.

"Judi was talking about peer support and system change at a time when these ideas were very unpopular," Holochuck said. "Judi's ideas have ultimately resulted in recovery concepts being put into practice with breakthroughs such as the recovery learning communities."

Mike Kerins introduced keynote speaker Shery Mead, who also paid tribute to Judi's pioneering vision and work. She said she met Judi at an Alternatives conference where Judi asked for new leaders to "step up, do the work, grow it and pass it on." Shery then described her concept of peer support which is essentially about social change through the process of embracing the way we think about each other, understand each other, and relate to each other. Shery said peers learn through mutuality and creativity rather than focusing on a problem and how to "fix" the problem. She said peer support is a process rather than a role and leads to mutual growth.

A panel comprised of consumer representatives from the Clubhouse Coalition, South Shore warmline, Wayside Youth and Families, Metro Suburban Recovery Learning Community and M-POWER rounded out the conference. Each panelist described their organization's work and priorities. The conference ended with a raffle drawing with prizes donated by local businesses.

M-POWER celebrates a year of achievements

by Elizabeth Amaral

The Massachusetts-People/Patients Organized for Wellness, Empowerment and Rights, better known as M-POWER, held its annual meeting in September at Hopkinton State Park in Hopkinton, gathering more than 60 consumer/peers for a day of celebration and reflection on this past year's accomplishments as well as a foreshadowing of things to come in 2009.

Representatives/consumers from M-POWER, the Transformation Center, all six Recovery Learning Communities, Mass WRAP, Consumer Quality Initiatives, National Alliance for the Mentally Ill and from throughout Massachusetts were on hand.

Mike Keirns manned the grill while Ruthie Pool and Valaria Chambers sliced watermelon and served up potato salad to all the attendees. Monica Briggs had a unique fundraiser for MPOWER: white T-shirts with a slogan that read "Hello, I am..." Individuals filled in the blanks with some unique thoughts. — "Hello, I am taking my medication are you?", "Hello, I am mentally ill and proud of it!", and "Hello, I'm a human being, what's your diagnosis?"

Also, individuals were encouraged to pledge ten dollars or less to become a card carrying member of M-POWER. M-POWER is now a free-standing consumer advocacy organiza-

M-POWER Wants You!

- To become involved in upcoming Emergency Room Rights working group meetings contact Ruthie Pool @ 617-442-4111

- If interested in going to Emergency Rooms to talk to staff about becoming more sensitive to individuals seeking help for a psychiatric condition: contact Rachel Klein @ 617-926-7177 or

RachelAKlein@rcn.com

To learn more about The Coalition for Fresh Air Rights contact Jonathan Dosick at ambient871@hotmail.com

tion, solely funded by grants and donations from its members. M-POWER was a state-funded organization in collaboration with the Transformation Center. Becoming a free-standing organization provides a forum for free thinking advocacy, a form of advocacy that can be done when no one's voice can be silenced due to a fiscal agent's request.

Some of the highlights of the afternoon were a special recognition and celebration of Cathy Levin for her extensive work with the

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UMass-Boston Event Targets Stigma of Mental Illness

More than 50 people gathered for an anti-stigma event at UMass Boston last month. The event was organized and moderated by Arthur Stead, a student with a psychiatric diagnosis who was angered by the derogatory remarks made by a professor of one of his classes. Stead said he decided to take action and organized an event sponsored by Psi Chi, UMass Boston's psychology honor society, and the Psychology Club. Faculty mentoring was provided by Ester Shapiro, Ph.D., associate professor of psychology.

The event featured a panel made up of Stead; Steve Holochuck, director of consumer affairs for DMH; Steve Lappen, vice president of the Depression and Bipolar Support Alliance of Boston; Anthony Moreschi, a

National Alliance for the Mentally Ill family member; and McKenna Easley, a friend of a person with mental illness.

The panel members spoke eloquently about the destructive impact of stigma. They also witnessed compelling evidence to the positive impact of understanding, validation, support, and caring on the recovery process. The panel presentation was followed by a question and answer session and informal networking. Participants agreed that the problem of stigma on the UMass Boston campus is one to which they need to commit ongoing efforts. Students and staff are discussing future activities, including making this event an annual anti-stigma and awareness event.

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Commissioner Barbara Leadholm, Anne Whitman, Metro Boston Area Director Cliff Robinson, Steve Holochuck and Deborah Delman join in the ribbon cutting at the November 2008 grand opening of the Boston Recovery Resource Center of the Metro Boston Recovery Learning Community.

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Emergency Room Rights Campaign and Jon Dosick for his work with The Coalition for Fresh Air Rights. Following this celebration, individuals in the running for board of directors membership for the upcoming year introduced themselves with a short speech outlining their interest in the board. This was followed by cake and voting. A very empowering and insightful day was had by all. We look forward to next year.

Elizabeth Amaral is a member of Massachusetts-People/Patients Organized for Wellness, Empowerment and Rights, M-POWER.

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lege when I was 18. I didn't know at the time that I had the right to better care and treatment. Some people in the group had experienced by-the-book consent. They noted that it seems to be a very cold and clinical way of dealing with the problem. Basically, you are given what is required by law and no more. It is a graduated version of the paternalistic view and most believe still isn't the most helpful form of treatment. I experienced this at a time I needed it, and this relationship quickly moved into shared-decision making.

Almost no one in the group had experienced shared decision-making. After my own bad experience at age 18, I met a great psychiatrist who encouraged me to take a stand in my treatment and educate myself. I learned from her that I deserved quality treatment and now I demand it. And my current psychiatrist is also great and knows that I will only agree to shared decision-making. We've made many decisions together about my care, my diagnoses, and my medications. She listens to me and lets me be in charge of my own care.

Much useful and important information emerged from the group activities we engaged in during the workshop. Some suggestions that came out of the discussion were to make the care team united and take some of the liability off the prescriber's shoulders. The person (client/patient/consumer) needs to be more involved in their care. Information should be distributed in a variety of

ways - written, oral, American Sign Language, visual, various languages and repeated as needed. And participants all agreed that pharmaceutical companies should be involved in quality information as little as possible because of perceived bias. Other suggestions include using the internet to educate yourself and visiting your local Recovery Learning Community which has many resources for consumers and peers.

Kara Goldrick is a volunteer at the South-eastern MA Recovery Learning Community.

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Mark Your Calendar!

Consumer Quality Initiatives, Inc. (CQI), in collaboration with DMH, invites mental health consumers to discuss what they see as the mental health research priorities in Massachusetts in forums planned across the state. Visit www.mass.gov/dmh under News and Updates for dates and times.

According to CQI Executive Director Jonathan Delman, MPH, JD, focus groups will discuss the issues faced by people with mental health and substance abuse needs and how these issues might become research topics that could be studied by mental health research groups and translated into best practices and treatments.

Plans call for three focus groups for adults, one for young adults and one for family members of child/adolescent consumers, each consisting of 20 participants. Interested mental health consumers are encouraged to sign up soon by contacting Melissa Goodman at 617-427-0505; 866-895-4400; or email MGoodman@cqi-mass.org.

Stress Program for Parents at Benson-Henry Institute

The Benson-Henry Institute at Massachusetts General Hospital will hold a six-week program for parents of children with behavioral challenges. Participants will learn skills that can build resiliency and protect against the daily stresses of parenting.

This six-week program brings the Benson-Henry Institute's successful mind/body/spirit approach to parents of children with behavioral challenges. The program will help participants create a sense of balance for themselves and their family, using practical strategies for stress management, easily applied relaxation methods and positive thinking techniques.

Classes will meet Wednesday mornings, from 10:30am - 12 noon for six weeks beginning Feb. 4. Classes will meet on February 4, 11 and 25 (no class on Feb. 18), and March 4, 11, and 18.



Classes will be held at Massachusetts General Hospital, Yawkey Building, Room 4-840, 4th floor, 32 Fruit Street, Boston, MA 02114. The fee for this six-week program is \$240 (\$40 per session).

For more information, call Marilyn Wilcher at 617-643-6035 or Laura Malloy, LICSW, at 617-643-6061 or email moodandanxiety@partners.org.

Recovery Learning Communities: Your resource for consumer-run networks of self help/peer support, information and referral, advocacy and recovery training activities.

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